



STATE OF CONNECTICUT
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF NATURAL RESOURCES

Application for License to Practice Taxidermy

DEP USE ONLY

Permit No. _____

Deposit Ref. _____

Part I: Applicant Information

Name: _____

Mailing Address: _____

City/Town: _____

State: _____

Zip Code: _____

Business Phone: _____

ext. _____

Fax: _____

I expect to conduct my business as a Taxidermist at: _____

Part II: Fee Information

The application fee for the *License to Practice Taxidermy* is **\$84.00**

Part III: Certification

"I hereby make application for a license to practice taxidermy.

I certify that I will permit, at any time, any Law Enforcement Officer to examine and inspect any premises used by me for the practice of taxidermy or for the storage of specimens.

I agree to make an annual report to the Department of Environmental Protection of the number and species of birds and quadrupeds mounted.

I am a citizen of the United States and a bona fide resident of Connecticut.

I certify that this application is on complete and accurate forms as prescribed by the commissioner without alteration of the text.

I declare, under the penalties of false statement, that the submitted information is true, accurate and complete to the best of my knowledge and belief."

Signature of Applicant _____

Date _____

Name of Applicant (print or type) _____

Title (if applicable) _____

Please make check payable to the **Department of Environmental Protection**. Mail completed application and fee to:

Department of Environmental Protection
License and Revenue Unit
79 Elm Street
Hartford, CT 06106-5127